

Entered - 07-09-01 - sb  
CL - 01L0435 ALEXIS HOLMES

CLAIM OF: MARY E. MCMILLAN  
2299 Polar Rock Drive  
Atlanta, Georgia 30315

01- R-1759

For vehicular damages alleged to have been sustained as a result of a  
vehicle accident on May 19, 2001 at 2805 Cardo Drive.

THIS ADVERSE REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0435

Date: 10/15/01

Claimant /Victim MARY E. MCMILLAN

BY: (Atty)(Ins.) \_\_\_\_\_

Address: 2299 Polar Rock Avenue Atlanta, Georgia 30315

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 725.00 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 7/09/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_

Date of Occurrence 5/19/01 Place: 2805 Cardo Drive

Department Police Division: FOD

Employee involved Officer Tesler Disciplinary Action: None taken

**NATURE OF CLAIM:** The claimant alleges that she sustained property damages when her fence was struck by a suspect who was eluding police, the suspect exited his vehicle and failed to put the vehicle in gear causing it to roll into the claimant's fence. An investigation determined that the police officer was not in violation of City policies and/or procedures. The City is immune from liability as set forth under O.C.G.A. § 36-33-1 and § 36-33-3. Furthermore, the City is not responsible for the tort actions of third parties.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant X Other X Written X Oral X

Pictures \_\_\_\_\_ Diagrams X Reports: Police X Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

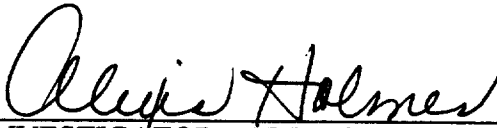
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 10/16/01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RECEIVED

JUL 02 2001

RE: CLAIM FOR DAMAGES

Today's Date: June 14, 2001

Holmas  
07/09/01  
PD

MUNICIPAL CLERK

ENTERED - 7-9-01 - SB  
01L0435 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 725.00 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: May 19, 2001 (month/day/year) 2. Time of Incident: \_\_\_\_\_ 3. Police called: \_\_\_\_\_ Yes ☒ No ☐
4. Location of incident (including street address): 2805 Cardo Dr. Atlanta Ga. 30318
5. Name of your insurance company: Cumberland Ins. AGC Y INC Policy No. 9200635176331
6. State what and how incident occurred: There was a police chase the suspect ran the vehicle rolled into fence. A tow impounded the vehicle.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Mary E. McMillan  
Signature of Claimant

Mary E. McMillan  
(Print Claimant's Name)  
2299 Polar Rock Ave.  
(Address)  
Atlanta Ga. 30315  
(City, State and Zip Code)

(Work Number)

(Home Number)

01-R-1759

404-622-0453